



Charitable Gaming Division
c/o Accounting
Box 30023, Lansing, MI 48909
OVERNIGHT DELIVERY:
101 E. Hillsdale, Lansing, MI 48933
(517) 335-5780
www.michigan.gov/cg

MILLIONAIRE PARTY LICENSE APPLICATION

For Bureau Use Only

ALLOW 4 WEEKS FOR PROCESSING.
PLEASE PRINT OR TYPE IN BLUE OR BLACK INK.

QUALIFICATION INFORMATION

1. Organization Name			2. Organization ID Number or Last License Number Issued
3. Organization Address			
City	State	ZIP Code	County
4. Has your organization ever received a license such as bingo, millionaire party, raffle, charity game ticket, or numeral game? <input type="checkbox"/> Yes - Complete application and submit with the appropriate fee. <input type="checkbox"/> No - Please follow the instructions on the qualification guideline. If a guideline was not included or you do not understand it, contact our office at (517) 335-1159 to inquire as to what documentation must be submitted to qualify for licensing.			
5. Is your organization a candidate committee, political committee, political party committee, ballot question committee, independent committee or any other committee as defined by, and organized pursuant to, the Michigan Campaign Finance Act 388 of the Public Acts of 1976, as amended, being sections 169.201 to 169.282 of the Michigan Compiled Laws? <input type="checkbox"/> Yes <input type="checkbox"/> No		6. Has your organization received contributions or made expenditures of \$500 or more in the last calendar year for the purpose of influencing or attempting to influence the action of voters for or against the nomination or election of a candidate, or the qualification, passage, or defeat of a ballot question? <input type="checkbox"/> Yes <input type="checkbox"/> No	

SIGNATURE(S)

7. Provide name, title, home address, and telephone numbers for the PRINCIPAL OFFICER, e.g., president, grand knight, worthy matron, etc., and the vice president or equivalent and one other officer of the organization. SIGNATURE OF PRINCIPAL OFFICER REQUIRED - OR - signatures of the vice president or equivalent and one other officer. NOTE: Executive director signature not acceptable.		
Name and Title	Street, City, State, ZIP Code	Telephone Numbers
Principal Officer		Day ()
Title		Evening ()
Signature of Principal Officer		Date
- OR -		
Name and Title	Street, City, State, ZIP Code	Telephone Numbers
Vice President or Equivalent		Day ()
Title		Evening ()
Signature of Vice President or Equivalent		Date
Name and Title	Street, City, State, ZIP Code	Telephone Numbers
Other Officer		Day ()
Title		Evening ()
Signature of Other Officer		Date
By signing above, I CERTIFY that I am at least 18 years of age, the organization applying is a NONPROFIT organization, I have examined this application and there is no misrepresentation or falsification in the information stated or attached, and the facts underlying our original qualification status remain unchanged. I FURTHER CERTIFY that I am aware that false or misleading statements will be cause for rejection of this application or revocation of the right to obtain any future licenses and I AM AWARE OF AND AGREE TO the conditions of Act 382 of the Public Acts of 1972, as amended, and the rules and directives of the Michigan Bureau of State Lottery.		

PLEASE COMPLETE THE BACK PAGE OF THIS APPLICATION
PLEASE MAKE A COPY OF THE COMPLETED APPLICATION FOR YOUR RECORDS



COMPLETION: Required for licensure.
PENALTY: No license will be issued.

MILLIONAIRE PARTY INFORMATION

8. Contact Person			9. Millionaire Party Location (building name, if any)	
Street Address Where License Should Be Mailed			Street Address	
City	State	ZIP Code	City	
Telephone Number (Day) ()	Telephone Number (Evening) ()		ZIP Code	County
10. Location is: (check one) <input type="checkbox"/> Your Own <input type="checkbox"/> Donated (no charge) <input type="checkbox"/> Rented (submit rental agreement)			11. Gambling equipment is: (check one) <input type="checkbox"/> Your Own <input type="checkbox"/> Rented - Supplier ID _____ Supplier Name _____	
12. List name, home address, and telephone numbers of the person(s) in charge of millionaire party. Must be member for 6 months. If more than 1 chairperson, attach additional list.				
Millionaire Party Chairperson		Street, City, State, ZIP Code		Telephone Numbers
Name				Day ()
				Evening ()
13. Event Date(s) and Time(s) (Must be between the hours of 8 a.m.-2 a.m.): Date _____ Time (a.m./p.m.) _____ to _____ Date _____ Time (a.m./p.m.) _____ to _____ Date _____ Time (a.m./p.m.) _____ to _____ Date _____ Time (a.m./p.m.) _____ to _____			14. License Fee: \$50 per day up to 4 consecutive days \$50 X _____ = \$ <div></div> Number of Days Make checks payable to: STATE OF MICHIGAN	

IF YOU ARE GOING TO CONDUCT A RAFFLE IN CONJUNCTION WITH THE MILLIONAIRE PARTY, COMPLETE THE SECTION BELOW.

TICKET INFORMATION

15. Will you be conducting an in-house raffle ONLY where there is no presale of the raffle tickets before the occasion? <input type="checkbox"/> Yes <input type="checkbox"/> No	
16. ■ Complete the boxes below in ink; ensure the ticket is printed with all of the required items. See Raffle Rule 506. ■ Indicate any additional information that will appear on the actual tickets.	
<div><div><div>RAFFLE</div><div><div></div><div>Name of Licensee</div></div><div><div>Drawing Date(s)</div><div>Prizes</div><div>Drawing Time(s)</div></div><div><div>First Prize *</div><div>Second Prize (if applicable)</div><div>Third Prize (if applicable)</div><div>Minimum 50/50 Prize (if applicable)</div></div><div><div>Raffle Location</div><div>Ticket Price</div><div>(to be added when issued) License Number</div></div></div><div><div>001 Ticket #</div><div>001 Ticket #</div><div>Purchaser's Name</div><div>Purchaser's Address</div><div>Purchaser's Phone #</div></div></div>	
* For large prizes, you may want to include a disclaimer that states "If xxx (indicate number) tickets are not sold, the drawing will revert to a 50/50 raffle with the minimum prize of \$xxx (indicate dollar amount) awarded."	

Make checks payable to: STATE OF MICHIGAN
Submit completed application, supporting documents, and license fee to:
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